

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/701486

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				2		
4				1		
5				1		
6				1		
7				1		
8	1		1			
9	1		1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.		7		7		
TOTAL CLAIMS	3	7	3	7		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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